

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11020

State File No.

No. 300
10.48

FILED APR 18 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 370

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 40 yrs.	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		f. STREET ADDRESS (If rural, give location) 9th & Garfield St.	

3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) (ELMER) c. (Last) BRAMAN			4. DATE OF DEATH (Month) (Day) (Year) April 4, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 16, 1897	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Filling Station	11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-07-1893		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Braman, 1518 Beattie St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION St. Joseph, Mo.		INTERVAL BETWEEN ONSET AND DEATH Unk.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		
	ANTECEDENT CAUSES DUE TO (b) Acute pulmonary edema Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 3rd degree burns on neck and hands while lighting a kerosene stove, exploded 3/24/55 Conditions contributing to the death but not related to the disease or condition causing death. at home.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E9100 110	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) St. Joseph Buchanan Missouri (COUNTY) (STATE)
21d. TIME OF INJURY Mar. 24, 1955 1:30P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Stove exploded while lighting.

22. I hereby certify that I attended the deceased from 2/1 ¹⁹⁵⁴, to 4/4, 1955, that I last saw the deceased alive on 4/3, 1955, and that death occurred at 6:30P. m., from the causes and on the date stated above.

23a. SIGNATURE Ann Wolcott MD (Degree or title)	23b. ADDRESS Tootle Building St. Joseph, Missouri	23c. DATE SIGNED 4/5/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-6-1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery
		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. April 11, 1955	REGISTRAR'S SIGNATURE 485 Ernest M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

JUN 20 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, ~~only~~, Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John E. Rupp

Licensed Embalmer No. 398

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.